



# UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/784,751	02/15/2001	A. Christian Tahan	XWRLD-102	1517

7590 12/17/2004  
Robert K Tendler  
65 Atlantic Avenue  
Boston, MA 02110

EXAMINER
----------

MORGAN, ROBERT W

ART UNIT	PAPER NUMBER
----------	--------------

3626

DATE MAILED: 12/17/2004

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Office Action Summary</b>	<b>Application No.</b> 09/784,751	<b>Applicant(s)</b> TAHAN, A. CHRISTIAN	
	<b>Examiner</b> Robert W. Morgan	<b>Art Unit</b> 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --  
**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If the period for reply specified above is less than thirty (30) days, a reply within the statutory minimum of thirty (30) days will be considered timely.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) ☐ Responsive to communication(s) filed on \_\_\_\_.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) ☒ Claim(s) 1-18 is/are pending in the application.  
 4a) Of the above claim(s) \_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-18 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).  
 a) ☐ All b) ☐ Some \* c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |   |  |
|---|--|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)   | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. ____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)                                  | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)            |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)<br>Paper No(s)/Mail Date ____ | 6) <input type="checkbox"/> Other: ____  |

## DETAILED ACTION

### *Claim Rejections - 35 USC § 103*

1. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

2. Claims 1-2 and 4-18 are rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 5,822,544 to Chaco et al.

As per claim 1, Evans teaches a system for assisting in the rapid and secure delivery of medical information directly to the site at which emergency assistance is being performed comprising:

--the claimed global database for warehousing patient history information is met by the patient repository (102, Fig. 1);

--the claimed an Internet server for transmitting said patient history information over the Internet once access has been granted is met by the Internet and the remote web server (406, 408, 410, Fig. 24) used communication and transmit patient information over the Internet (see: column 12, lines 55-60 and Fig. 24); and

--the claimed computer and display at the site at which said emergency assistance is being performed, said computer and display being connected to the Internet and adapted to display said patient history information from information downloaded from the Internet is met by the healthcare provider accessing the LAN (400, Fig. 24) using a desktop computer (416, Fig.

Art Unit: 3626

24) to access patient records resident on another server in a different location using the Internet (404, Fig. 24) (see: column 12, line 55 to column 13, line 30);

Evans fails to explicitly teach:

--the claimed access code assigned to a predetermined patient to permit access to the corresponding patient history information;

--the claimed access code carried by said patient; and

--the claimed access code entry device at said computer and display for the entry for the entry of the access code carried by said patient and for transmittal thereof to said global database, thus to permit the downloading of the patient history information upon authorization, whereby critical medical information is available at the site at which medical assistance is being performed.

Chaco et al. teaches a patient care and communication system using a memory card that contains patient identification information such as ID numbers (116, Fig. 1), which used to access patient information from a local or main computer (see: column 7, lines 10-18 and 50-67). In addition, Chaco et al. teaches that the memory card (110, Fig. 1a and 1b) is approximately the same size as a credit card, which can be carried by the patient (see: column 7, lines 10-18).

Chaco et al. further teaches that the patient station (210, Fig. 2) includes a memory card reader/writer (412, Fig. 4) into which the memory card (110, Fig. 1) may be inserted (see: column 11, 14-22).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include the memory card using ID numbers to access patient information as taught by Chaco et al. within the electronic medical records system as taught by

Art Unit: 3626

Evans with the motivation of using a system capable of performing task such as maintaining patient medical data to provide maximum patient care (see: Chaco et al.: column 3, lines 8-13).

As per claim 2, Chaco et al. teaches the claimed computer and display includes a wireless transceiver such that said information can be made available at a remote location is met by the nurse notepad (2710, Fig. 4) that includes an IR transceiver (see: column 10, lines 32-34).

As per claim 4, Evans and Chaco et al. teach the claimed wireless transceiver includes a personal digital assistant. This feature is met by the nurse notepad (2710, Fig. 4) that includes an IR transceiver (see: Chaco et al.: column 10, lines 32-34) and the wireless pen computer (420, Fig. 24) (see: Evans: column 13, lines 13-15)

As per claim 5, Evans and Chaco et al. teach the claimed computer and display includes a data entry unit for modifying the data in said global database, whereby patient diagnosis and treatment can be entered into said global database. This limitation is met by the point of care system (100, Fig. 1) that captures and organizes patient data into the patient record stored in the patient data repository (102, Fig. 1) (see: Evans: column 5, lines 9-21). In addition, Evans and Chaco et al. teach that the point of care system (100, Fig. 1) allows information to be entered, accessed, processed, analyzed and annotated in real-time regarding prescribing medication and treatment (see: Evans: column 5, lines 8-22).

As per claim 6, Evans and Chaco et al. teach the claimed data entry unit includes means for generating a prescription and for transmitting said prescription to a pharmacy for filling. This limitation is met by the laser printer (422, Fig. 24) used to print out document such as a prescription (see: Evans: column 13, lines 5-7). In addition, Evans and Chaco et al. teach that

Art Unit: 3626

patient data repository (102, Fig. 1) may transmit a physician's prescription for medication to a hospital or pharmacy (see: Evans: column 11, lines 1-3).

As per claim 7, Evans and Chaco et al. teach the claimed access code is in the form of a machine readable code and wherein said access code entry device includes a machine code reader. This feature is met by the patient's bracelet with a bar-coded ID number that is read with a bar-code reader or the portable nurse station bar-coded reader (see: Chaco et al.: column 28, lines 32-37).

As per claim 8, Evans and Chaco et al. teach the claimed machine readable code is a bar code and wherein said access code entry device includes a bar code reader. This feature is met by the patient's bracelet with a bar-coded ID number that is read with a bar-code reader or the portable nurse station bar-coded reader (see: Chaco et al.: column 28, lines 32-37).

As per claim 9, Evans and Chaco et al. teach the claimed global database is subdivided into a number of databases, each located in a different geographic region and each having a separate server, with the information from said global database being shared between the subdivided databases and wherein each subdivided database has an associated server, such that rapid transmission of patient information is assured regardless of the location of the patient. This limitation is met by the point of care (100, Fig. 1) system that communicates with the reference database (104, Fig. 1), the patient data repository (102, Fig. 1) and mainframe electronic databases to access pertinent patient data (see: Evans: column 5, lines 20-28). In addition, Evans and Chaco et al. teach the use of separate servers that allows patient information to be accessed and communicated from different locations (see: Evans: column 12, line 60 to column 13, line 30 and Fig. 24).

Art Unit: 3626

As per claim 10, Evans teaches a method of providing patient histories on site at the location of a patient in need of medical attention, comprising the steps of:

--the claimed providing patient histories at a centralized location in a global database coupled to the Internet by a server is met by the point of care (100, Fig. 1) system that communicates with the reference database (104, Fig. 1), the patient data repository (102, Fig. 1) and mainframe electronic databases to access pertinent patient data (see: Evans: column 5, lines 20-28). In addition, Evans and Chaco et al. teach the use of separate servers that allows patient information to be accessed and communicated from different locations over the Internet (404, Fig. 24) (see: column 12, line 60 to column 13, line 30 and Fig. 24); and

Evans teaches using a desktop computer (416, Fig. 24) to access patient records resident on another server in a different location using the Internet (404, Fig. 24) (see: column 12, line 55 to column 13, line 30).

Evans fails to explicitly teach the claimed accessing a predetermined patient history over the Internet from a terminal at the location of the patient in need of medical attention.

Chaco et al. teaches a patient care and communication system at step 1712, when a patient enters the hospital he presents his memory card (110, Fig. 1) which is read at the patient station (210, Fig. 2) coupled to a central nurse station (300, Fig. 3) (see: column 22, lines 9-13 and column 10, lines 4-21).

The obviousness for combining the teaching of Chaco et al. within the system of Evans are discussed in the rejection of claim 1, and incorporate herein.

As per claim 11, Evans and Chaco et al. teach the claimed patient history is only transmitted when authorized by the patient. This feature is met by tiered password system using

Art Unit: 3626

several levels of security for accessing patient's data, where a patient may request restricted access to their data by only certain personnel (see: Evans: column 15, lines 21-31).

As per claim 12, Evans and Chaco et al. teach the claimed authorization is in the form of an access code carried by the patient. This limitation is met by the memory card that contains patient identification information such as ID numbers (116, Fig. 1), which used to access patient information from a local or main computer (see: Chaco et al.: column 7, lines 10-18 and 50-67).

As per claim 13, Evans and Chaco et al. teach the claimed access code is obtained from the patient and is transmitted over the Internet to the server associated with said global database. This feature is met by the Internet and the remote web servers (406, 408, 410, Fig. 24) used communication and transmit patient information over the Internet (see: Evans: column 12, lines 55-60 and Fig. 24). In addition, Evans and Chaco et al. further teach a memory card that contains patient identification information such as ID numbers (116, Fig. 1), which used to access patient information from a local or main computer (see: Chaco et al.: column 7, lines 10-18 and 50-67).

As per claim 14, Evans and Chaco et al. teach the claimed access code is carried by the patient. This limitation is met by the memory card (110, Fig. 1a and 1b) is approximately the same size as a credit card, which can be carried by the patient (see: column 7, lines 10-18).

As per claim 15, Evans and Chaco et al. teach the claimed access code is in the form of a bar code and wherein a bar code reader is used to read the access code and transmit the access code to the server associated with said global database. This limitation is met by the patient's bracelet with a bar-coded ID number that is read with a bar-code reader or the portable nurse station bar-coded reader (see: Chaco et al.: column 28, lines 32-37).



Art Unit: 3626

As per claim 16, Evans and Chaco et al. teach the claimed access code is carried on a bracelet. This feature is met by the patient's bracelet with a bar-coded ID number that is read with a bar-code reader or the portable nurse station bar-coded reader (see: Chaco et al.: column 28, lines 32-37).

As per claim 17, Evans and Chaco et al. teach the claimed access code is imprinted on a card adapted to be carried. This limitation is met by the memory card (110, Fig. 1) that includes printed ID numbers on the front (see: Chaco et al.: column 7, lines 10-18).

As per claim 18, Evans and Chaco et al. teach the claimed global database is decentralized through the use of regional databases, each having its own server coupled to the Internet and each carrying patient histories so that access to the patient history can be on a real time basis to permit timely treatment. This limitation is met by the point of care (100, Fig. 1) system that communicates with the reference database (104, Fig. 1), the patient data repository (102, Fig. 1) and the mainframe electronic databases to access pertinent patient data in real-time (see: Evans: column 5, lines 8-28). In addition, Evans and Chaco et al. teach that healthcare provider accessing the LAN (400, Fig. 24) using a desktop computer (416, Fig. 24) to access patient records resident on another server in a different location using the Internet (404, Fig. 24) (see: column 12, line 55 to column 13, line 30).

3. Claim 3 is rejected under 35 U.S.C. 103(a) as being unpatentable over U.S. Patent No. 5,924,074 to Evans in view of U.S. Patent No. 5,822,544 to Chaco et al. as applied to claim 1 above, and further in view of U.S. Patent No. 6,398,727 to Bui et al.

As per claim 3, Evans and Chaco et al. teaches a nurse notepad (2710, Fig. 4) that includes an IR transceiver (see: Chaco et al.: column 10, lines 32-34).

Art Unit: 3626

Evans and Chaco fails to explicitly teach a wireless transceiver includes a wireless phone having a display on which said information is presented.

Bui et al. teaches a patient management system providing communication via a wireless transceiver (RF or IF) and the communication lines (452, Fig. 1) can be wireless telephone such as a cell phone (see: column 7, lines 1-16).

One of ordinary skill in the art at the time the invention was made would have found it obvious to include a wireless transceiver includes a wireless phone with the system taught by Evans and Chaco et al. with the motivation of providing storage and transmission of patient data to offers ease of communication with caregivers (see: Chaco et al.: column 2, lines 38-44).

### ***Conclusion***

The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

In related art (4,916,441) Gombrich teaches portable handheld terminal utilized in a point of care patient system.

In related art (4,463,417) Schoenberg teaches a method and system for distributing medical information for an individual over a communications network.

In related art (5,995,077) Wilcox discloses a wearable electronic data collection and storage device used for recording field medical data.

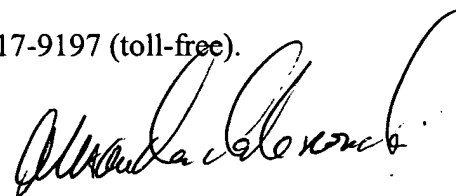
Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert W. Morgan whose telephone number is (703) 605-4441. The examiner can normally be reached on 8:30 a.m. - 5:00 p.m. Mon - Fri.

Art Unit: 3626

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (703) 305-9588. The fax phone number for the organization where this application or proceeding is assigned is 703-872-9306.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

RWM  
rwm



ALEXANDER KALINOWSKI  
PRIMARY EXAMINER